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VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure;		DataMaster cdm S/N <u>130133</u>	
Name <u>BRYAN BARLOW</u>		ID# <u>4548</u>	Date <u>11/21/08</u>
A	Agency <u>Alaska State Troopers</u>		Phone # <u>907-783-0972</u>
Instrument Location <u>Girdwood - AST</u>			
B	Alco S/N <u>X124671</u> ✓	Target Value <u>.077</u> ✓	High Pressure <u>650</u> ✓
Alco Test Value Average <u>.078</u> ✓		<u>.079</u> ✓	8/12/08
1 st Alco		2 nd Alco	
Signature <u>Bryan Barlow</u> ✓			
(OVER)			

Under the Alaska Rules of Evidence, I certify that;

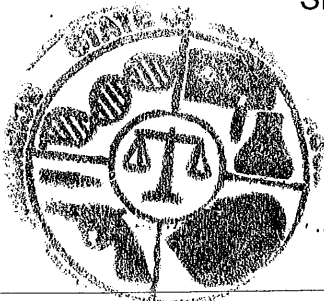
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Bryan W Barlow, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz

Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

12/2/08

Date

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130133

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C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130133

NOVEMBER 21, 2008

OPERATOR'S NAME:

BARLOW BRYAN W

OPERATOR'S NUMBER: 4548

SUBJECT'S LAST NAME:

CALIBRATION

SUBJECT'S FIRST NAME/MI :

VERIFICATION OF

O.L. #: 1234567

DEPT/AGENCY: GOWO

CASE/REPORT: 08-123456

TEST TYPE: U

ALCO TARGET VALUE: .077

ALCO S/N: X124671

--- BREATH ANALYSIS ---

.077 ADJUSTED FOR 29.64 in

ALCO TARGET

.076

17:46

BLANK TEST

.000

17:47

INTERNAL STANDARD

VERIFIED

17:47

ALCO TV 29.64 in

.078

17:47

BLANK TEST

.000

17:48

SUBJECT SAMPLE

.000

17:49

BLANK TEST

.000

17:49

ALCO TV 29.64 in

.079

17:50

BLANK TEST

.000

17:51

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130133

NOVEMBER 21, 2008

TIME 17:37

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 43c

BAROMETER: 29.64 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~